

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: No

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: EPISOMAL EXPRESSION VECTOR FOR  
HUMAN GENE THERAPY AND EXPRESSION  
SYSTEM FOR PRODUCTION OF PROTEINS  
003659.83112

Attorney Docket Number::

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets:: 16

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: J.  
Family Name:: Cooper  
Name Suffix::  
City of Residence:: Solon  
State or Province of Residence:: Ohio  
Country of Residence:: US  
Street of mailing address:: 5100 Boulder Creek Drive  
City of mailing address:: Solon  
State or Province of mailing address:: Ohio  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 44139

## Correspondence Information

Correspondence Customer Number:: 22907

## Representative Information

Representative Customer Number:: 22907

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-Part of	09/935,368	August 24, 2001
09/935,368	Continuation-in-Part of	09/473,646	December 28, 1999
09/473,646	National Stage of	PCT/US98/12777	June 19, 1998
PCT/US98/12777	Non-provisional of	60/050,356	June 20, 1997

This Application	Continuation-in-Part of	08/594,299	January 30, 1996
08/594,299	Continuation-in-Part of	08/151,387	November 12, 1993

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::